

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
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Claim	Date
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SYMBOLS

✓ ..... Rejected

..... Allowed

..... (Through numeral) Canceled

..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

(LEFT INSIDE)